

# Metropolitan Achievement Tests

## Complete Survey Battery

Name Theresa Lee Grade 5  
 Teacher Miss K. D. Lee Date of Testing 10/1/04  
 School Central Baptist City Cincinnati State OH

### Score Summary Box

Test	Number Possible	Number Right	Scaled Score	Grade Equivalent	Percentile Rank	Stanine	Instructional Reading Level
Reading	60	51	694	4.6	72%	1 2 3 4 5 <u>6</u> 7 8 9	<u>5</u>
Mathematics	50	24	534	3.2	36%	1 2 3 <u>4</u> 5 6 7 8 9	
Language	60	43	629	4.7	66%	1 2 3 4 5 <u>6</u> 7 8 9	
Science	45	25	556	4.0	58%	1 2 3 4 <u>5</u> 6 7 8 9	
Social Studies	45	27	599	4.7	74%	1 2 3 4 5 <u>6</u> 7 8 9	
Basic Battery (R+M+L)	170	118	620	4.2	60%	1 2 3 4 5 <u>6</u> 7 8 9	
Complete Battery (Basic+S+SS)	260	170	690	4.2	60%	1 2 3 4 5 <u>6</u> 7 8 9	

Percentile Ranks and Stanines based on tables for Fall ☐ Spring ☒

### Cluster Analysis

#### READING

Performance by grade level of reading passages

Grade 2 12 Grade 3 15 Grade 4 16 Grade 5 11 Grade 6 6

#### Performance by objective

04 Vocabulary 6 05 Literal Specific 32 06 Literal Global 7 07 Inferential Specific 9 08 Inferential Global 4 09 Evaluative 2

#### MATHEMATICS

10 10 13 13 10 10 11 11 6 6

#### LANGUAGE

5 5 19 19 9 9 9 9 12 12 6 6

#### SCIENCE

13 13 8 8 17 17 7 7

#### Behavior

#### Content Area

11 11 14 14 20 20

#### Physical

#### Earth & Space

#### SOCIAL STUDIES

#### Behavior

7 7 12 12 16 16 10 10

#### I. Knowledge

#### II. Comprehension

#### III. Inquiry Skills

#### IV. Critical Anal.

Geography 9 Sociology 3 Economics 10 Political Science 7 History 8 Anthropology 5 Psychology 3

009093

Name Lee M. Lee Grade 4th  
 Teacher Mrs. Bryant Date of Testing 10/12/97  
 School Central Baptist City Indianapolis State Ohio

Score Summary Box

Test	Number Possible	Number Right	Scaled Score	Grade Equivalent Rank	Percentile	Stanine	Instructional Reading Level
Reading	60	49	684	4.2	42	1 2 3 4 (5) 6 7 8 9	4
Mathematics	50	21	507	2.8	10	1 (2) 3 4 5 6 7 8 9	
Language	60	42	618	4.4	44	1 2 3 4 (5) 6 7 8 9	
Science	45	29	603	4.9	50	1 2 3 4 (5) 6 7 8 9	
Social Studies	45	28	609	4.9	50	1 2 3 4 (5) 6 7 8 9	
Basic Battery (R+M+L)	170	112	605	3.8	30	1 2 3 (4) 5 6 7 8 9	
Complete Battery (Basic+S+SS)	260	169	589	4.1	38	1 2 3 (4) 5 6 7 8 9	

Percentile Ranks and Stanines based on tables for

Fall ☐

Spring ☒

Cluster Analysis

READING

Performance by grade level of reading passages

Grade 2 12 Grade 3 15 Grade 4 16 Grade 5 11 Grade 6 6

Performance by objective

04 Vocabulary 6 05 Literal Specific 32 06 Literal Global 7 07 Inferential Specific 9 08 Inferential Global 4 09 Evaluative 2

MATHEMATICS

Numeration 10 Geometry 13 Problem Solving 10 Operations: Whole No. 11 Operations: Laws & Prop. 6

LANGUAGE

Listening Comp 5 Punctuation & Capitalization 19 Usage 9 Grammar & Syntax 9 Spelling 12 Study Skills 6

SCIENCE

I. Knowledge 13 II. Comprehension 8 III. Inquiry Skills 17 IV. Critical Anal. 7

Content Area

Physical 11 Earth & Space 14 Life 20

SOCIAL STUDIES

Behavior

I. Knowledge 7 II. Comprehension 12 III. Inquiry Skills 16 IV. Critical Anal. 10

Content Area

Geography 9 Sociology 3 Economics 10 Political Science 7 History 8 Anthropology 5 Psychology 3

009094

COMMUNITY DIAGNOSTIC AND TREATMENT CENTER

A Division of Central Psychiatric Clinic

909 Sycamore Street, Suite 300

Cincinnati, Ohio 45202

Phone: (513) 651-9300

Fax: (513) 352-1345

WALTER S. SMITSON, PH.D.  
Executive Director

NANCY SCHMIDTGOESSLING, PH.D.  
Director

WILLIAM WALTERS, PH.D.  
Assistant Director

GAIL HELLMANN, M.D.  
Medical Director

MARILYN GEEDING, L.I.S.W.  
Treatment Coordinator

SHERRY SANDERS, L.P.C.C.  
Forensic Liaison

CHARLOTTE E. HOLLAND  
Office Manager

September 2, 1994

Central Baptist School  
Attn: School Records  
7645 Winton Road  
Cincinnati, Ohio 45214

BOARD OF TRUSTEES:

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MR. DANIEL J. VALERIO

RE: Lee Edward Moore DOB: 10-19-74

TO WHOM IT MAY CONCERN:

Enclosed is a signed Authorization for Release of Information form regarding the above-named person.

Our agency is under a very strict time-frame to provide a comprehensive report to the Court, therefore, we would greatly appreciate information from you as soon as possible.

Thank you in advance for your prompt and courteous attention to this matter.

Sincerely,

*Jenny O'Donnell*

Jenny O'Donnell, B.S.  
Psychology Trainee

UNIVERSITY LIAISON

DONALD C. HARRISON, M.D.

JAMES RANDOLPH HILLARD, M.D.

1/7/94

CENTRAL PSYCHIATRIC CLINIC  
 COMMUNITY DIAGNOSTIC AND TREATMENT CENTER  
 909 Sycamore Street, Suites 300 and 400, Cincinnati, OH 45202  
 513-651-9300

I, the undersigned, hereby authorize the Community Diagnostic and Treatment Center to release/obtain information from records pertaining to the person named below to/from the agency/person indicated. This authorization includes release of information concerning evaluation/treatment of drug or alcohol abuse, drug-related conditions, alcoholism, psychiatric/psychological conditions, Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC), and/or tests for antibodies to the AIDS virus (HIV). All matters pertaining to client records are considered privileged and confidential and are treated as such by the employees of the program. Information regarding such matters cannot be given without the consent of the client. PROHIBITION ON REDISCLOSURE: Information disclosed or requested from records whose confidentiality is protected by Federal or State Law, may not be disclosed without the specific written consent of the person to whom it pertains.

AGENCY/PERSON Central Baptist School Attn: School  
Records  
 ADDRESS 7645 Winton Road; (14)

PURPOSE/NEED FOR DISCLOSURE of information between Community Diagnostic and Treatment Center and the agency/person named above: Aid in court-ordered evaluation/treatment of the person named below. OR

The following information may be released or reviewed:

- |   |  |
|---|--|
| <input type="checkbox"/> Discharge Summary                    | <input type="checkbox"/> Reports of Tests or X-rays                    |
| <input type="checkbox"/> Face Sheet with Final Diagnosis      | <input type="checkbox"/> Emergency Treatment(s)                        |
| <input type="checkbox"/> Complications & Operative Procedures | <input type="checkbox"/> Outpatient Clinic Notes                       |
| <input type="checkbox"/> History and Physical                 | <input checked="" type="checkbox"/> Specify Clinic: <u>All Records</u> |
| <input type="checkbox"/> Consultative Report(s)               | <input type="checkbox"/> Emergency Department                          |
| <input type="checkbox"/> Inpatient                            | <input type="checkbox"/> Outpatient                                    |

This Authorization for Release of Information may be revoked by me at any time with written notice to the parties involved, except to the extent action has been taken prior to revocation. This Authorization for Release of Information will expire ninety (90) days after date below, or sooner by my choice, in which case this consent will expire on \_\_\_\_\_.

I hereby acknowledge that I have read and fully understand the above statements as they apply to me. I hereby consent to the disclosure of the records to the purpose and extent stated above.

FULL NAME OF CLIENT Lee Moore Middle (Edward) Lee E. Moore Jr.  
 (Signature of Client)

Date of Birth 10-19-74

Social Security No. [REDACTED] 9-1-94  
 (Date)

PLEASE FORWARD REQUESTED INFORMATION TO: Jenny O'Donnell  
 Community Diagnostic and Treatment Center, 909 Sycamore Street, Suites 300 and 400, Cincinnati, OH 45202.

This authorization was facilitated by Jenny O'Donnell

(Staff member's signature)

Date 9-1-94

c: To be retained in Client Record

PLEASE FILL OUT  
THE COMPLETE FORM

STUDENT APPLICATION

New Student  
Old Student ☒

Name of school district in which you reside Mt. Healthy

Student's Name Moore, Lee E.  
Last First Middle

Address 1280 Meredith Dr Cinti, Ohio 45231  
Street City State Zip Code

Home Phone 522-1092 Age 5 Date of Birth 7/19/74 Sex M Grade 1st Permission for  
Field Trips yes Place of Birth Hamilton, Ohio

Father's Name Moore, Lee E.  
Last First Middle

Place of Employment City of Cinti Phone \_\_\_\_\_

Mother's Name Moore, Georgia L.  
Last First Middle

Have parents been separated? no Divorced? no Remarried? no

If Mother works List Company Address and Phone G. M. H. D -  
4726 Smith Rd, Norwood, Ohio 45212

Dr's Name Vockell Phone 521-3042 Person to call if parents cannot  
be reached Evelyn Randall Phone 522-6512 List name and address of  
school where records may be obtained \_\_\_\_\_

Zip code \_\_\_\_\_. Has the child ever failed \_\_\_\_\_  
if so, explain \_\_\_\_\_

Been Suspended? \_\_\_\_\_ if so, explain \_\_\_\_\_

Been expelled? \_\_\_\_\_ If so, explain \_\_\_\_\_

Church affiliation Tryst Stone Baptist Member? yes attend regular yes  
often \_\_\_\_\_ Seldom \_\_\_\_\_ is child member of church no

We understand that the Central Baptist Schools operates on an extremely tight  
financial budget and that it is absolutely necessary that all tuition be paid  
promptly on the first of each month. If for any reason we do not pay our tuition  
we understand that there will be a penalty charge of 35% on the balance due and  
it will be collected by the school or an agency.

Our Payments will be paid the first of each month in 9 equal payments ☒  
in 12 equal payments \_\_\_\_\_, or full payment by Sept. 1, 1980 for a 5% dis-  
count \_\_\_\_\_. We also agree to uphold the Rules of Conduct stated in the School  
Handbook, and grant to School Authorities the right to discipline our child  
as stated. We will also see that our child abides by the dress code and will  
cooperate with the teacher.

SIGNATURE OF MOTHER OR FATHER Georgia L. Moore

009097

Please Fill out  
The Comple Form

CENTRAL BAPTIST SCHOOLS  
STUDENT APPLICATION

Date 7-8-81  
New Student         
Old Student       

Name of school district in which you reside 7th St. N. W. Atlanta  
Student's Name         
Last First Middle  
Home Address 1380 Woodchuck Dr. N. W. Atlanta GA 30327  
Street City State Zip Code  
Home Phone 577-1022 Age 6 Date of Birth 10-19-74 Sex Male  
Grade 2 Permission for Field Trips yes Place of Birth Chamblee  
County

State GA  
Father's Name         
Last First Middle

Place of Employment        Phone       

Mother's Name         
Last First Middle

Have parents been separated?        Divorced? yes Remarried?       

If Mother works list Company, Address and Phone W. M. Anderson & Co. Inc.  
1000 Woodchuck Dr. N. W. Atlanta GA 30327 841-5000

Dr's Name        Phone 521-3042 Person to call if parents  
cannot be reached Lucie E. Egan Phone 521-8346 List name and address  
of school where records may be obtained       

Zip Code        Has the child ever failed         
if so, explain       

Been suspended?        if so, explain       

Been expelled?        if so, explain       

Church affiliation First Home Baptist Member? yes Attend regular yes  
often        Seldom        is child member of church yes

We understand that the Central Baptist Schools operates on an extremely tight financial budget and that it is absolutely necessary that all tuition be paid promptly on the first of each month. If for any reason we do not pay our tuition we understand that there will be a penalty charge of 35% on the balance due and it will be collected by the school or an agency. Our Payments will be paid the first of each month in 9 equal payments in 12 equal payments       , or full payment by Aug. 31, 1981 for a 5% discount       . We also agree to uphold the Rules of Conduct stated in the School Handbook, and grant to School Authorities the right to discipline our child as stated. We will also see that our child abides by the dress code and will cooperate with the teacher.

SIGNATURE OF MOTHER OR FATHER Georgia X. Egan

009098



CENTRAL BAPTIST SCHOOLS  
7645 Winton Road  
Cincinnati, Ohio 45224

Complete All Blanks on Application-  
Please Print or Type

Date Received 5/17/82  
New Student \_\_\_\_\_  
Old Student ✓  
Reg. Fee Rec'd # 1392  
Date Accepted \_\_\_\_\_  
Date Rejected \_\_\_\_\_  
Date Notified \_\_\_\_\_

Applying for grade 3  
Student's Name Maore Lee L.  
Last First Middle  
Present Address 1280 Meredith Cinti Ohio 45231  
Street City State Zip  
Phone 522-1092 Age 7 Sex M Birth Date 10/19/74 Birthplace Cinti  
Last school attended before C.B.S. \_\_\_\_\_ Grade \_\_\_\_\_  
Has applicant ever failed a grade, been dismissed, or suspended? no  
If so, Please explain \_\_\_\_\_  
Has applicant been in any special programs such as remedial reading, remedial math, special education, etc. (please be specific) no

PERSONS OTHER THAN PARENTS WHO COULD BE CONTACTED IN CASE OF EMERGENCY:

Name Lillie Ellis Relation Grandmother Phone 221-8346  
Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_  
Doctor's Name Dr. Vackee Phone 761-1533  
Name of Father/Legal Guardian \_\_\_\_\_ Job Title \_\_\_\_\_  
Employer of Father/Legal Guardian \_\_\_\_\_ Phone \_\_\_\_\_ Ext. \_\_\_\_\_  
Name of Mother/Legal Guardian Georgia Maore Job Title Sr. Clerk  
Employer of Mother/Legal Guardian H. M. Assembly Phone 841-5339 Ext. \_\_\_\_\_  
Does applicant live with Father and Mother? — Father only? — Mother only? if  
Guardian only? — Has either parent been divorced? — Is Father of applicant  
a Christian? — Mother yes Guardian? — Does applicant know Jesus Chr  
as Personal Savior? — (to be answered only by those students in grades 7-  
If so, please give brief testimony (to be answered by student only)

Name of church attended by family Trinity Street Missionary Bapt Ch  
School District in which you reside Mt. Healthy  
Please list District and not local school since we are required to file report  
with each district.

009099

Case 1:00-cv-00023-SJD-MRM Document 124-10  
The Central Baptist School admits students of any race, color, or ethnic origin to all the rights, privileges, programs and activities.

Filed 08/08/2005 Extra Page of 20  
7645 Winton Road  
Cincinnati, Ohio 45223

Complete All Blanks on Application-  
Please Print or Type

Date Received  
New Student  
Old Student  
Reg. Fee Rec'd  
Date Accepted  
Date Rejected  
Date Notified

5/6/83

✓

#2617

Applying for grade 4  
Student's Name Moore Lee E.  
Last First Middle  
Present Address 1280 Meredith Cinti Ohio 45231  
Street City State Zip  
Phone 522-9203 Age 8 yrs Sex M Birth Date 10/19/74 Birthplace Cinti, Oh  
Last school attended before C.B.S. — Grade —  
Has applicant ever failed a grade, been dismissed, or suspended? no  
If so, Please explain —  
Has applicant been in any special programs such as remedial reading, remedial math, special education, etc. (please be specific) no

PERSONS OTHER THAN PARENTS WHO COULD BE CONTACTED IN CASE OF EMERGENCY:

Name Jackie Johnson Relation sister Phone 961-7010  
Name Beverly Barker Relation sister Phone 530-3603  
Doctor's Name Dr. James Kegler Phone 961-4420  
Name of Father/Legal Guardian Lee E. Moore, Sr. Job Title Cement-Finish  
Employer of Father/Legal Guardian City of Cinti Phone — Ext. —  
Name of Mother/Legal Guardian Georgia L. Moore Job Title Sr. Clerk  
Employer of Mother/Legal Guardian O. Masonic Phone — Ext. —  
Does applicant live with Father and Mother? — Father only? — Mother only? X  
Guardian only? — Has either parent been divorced? yes Is Father of applicant  
a Christian? no Mother yes Guardian? — Does applicant know Jesus Chris  
as Personal Savior? — (to be answered only by those students in grades 7-12  
If so, please give brief testimony (to be answered by student only)

Trinity  
Name of church attended by family Stone Missionary Baptist Church  
School District in which you reside Mt. Healthy - Colerain Towers  
Please list District and not local school since we are required to file reports  
with each district.

009100



MT. HEALTHY CITY SCHOOLS  
DEPARTMENT OF PUPIL PERSONNEL

REX RALPH ELEMENTARY SCHOOL  
1310 ADAMS ROAD  
CINCINNATI, OHIO 45231

Parent Consent for Record Release

As Parent and/or Guardian of:

Name of Student Lee E. Moore, Jr. +  
Date of Birth 10/19/77  
Grade in School 4

Reason for Request:

Changing Schools

sent 9/18/84

Specific Records/Data to be Released:

All Health  
All academic available

RELEASED TO:

I have been informed that I have a right to receive a copy of records being sent and will be charged a fee for their reproduction.

Date 8-20-84

Georgia L. Moore +  
Signature

STAFF MEMBER:

Gen Helker  
Name

mother  
Relationship

Secty.  
Title

Address

REX RALPH ELEMENTARY SCHOOL  
1310 ADAMS ROAD  
CINCINNATI, OHIO 45231

# KINDERGARTEN PROGRESS REPORT

NAME WLOORE, Lee

## EXPLANATION OF SYMBOLS

— Yes M—Most of the Time S—Some of the Time N—Not Yet

These evaluations are the teacher's appraisal of your child's own progress in relation to that which is normally expected of kindergarten children.

## PHYSICAL DEVELOPMENT

Shows large muscle control in activities such as skipping, running, and hopping.  
Demonstrates small muscle control when handling crayon, pencil, and scissors.

Y	Y	Y	Y
N	M	M	Y

## SOCIAL AND EMOTIONAL DEVELOPMENT

Has made friends in school.  
Shows self-confidence.  
Respects rights and properties of others.  
Gets along with other children.  
Shares materials and helps willingly.  
Is courteous.  
Shares teacher's attention.  
Responds favorably to correction.

Y	Y	Y	Y
M	Y	Y	Y
Y	Y	Y	Y
Y	Y	Y	Y
Y	Y	Y	Y
M	M	M	M
Y	Y	Y	Y

## HEALTH AND SAFETY HABITS

Practices good health habits.  
Follows safety habits and rules of school.

S	Y	Y	Y
M	M	M	M

## WORK HABITS

Listens attentively.  
Follows directions.  
Works independently.  
Finishes assigned work.  
Shows reasonable attention span.  
Does his share of cleaning up.

M	M	M	M
M	M	M	M
M	M	M	M
M	M	M	M
Y	Y	Y	Y
Y	Y	Y	Y

## LANGUAGE DEVELOPMENT

### Basic Knowledge

Knows full name.  
Knows complete address.  
Knows telephone number of home.  
Knows days of week.  
Knows basic colors.  
Knows left from right.  
Knows basic shapes.

Y	Y	Y	Y
Y	Y	Y	Y
Y	Y	Y	Y
Y	Y	Y	Y
Y	Y	Y	Y
Y	Y	Y	Y

### Skills and Habits

Speaks clearly and is easily understood.  
Uses adequate vocabulary to express ideas.  
Shows interest in books, stories, poetry, and pictures.  
Writes letters and numerals with reasonable skill.  
Prints his name.

Y	Y	Y	Y
Y	Y	Y	Y
Y	Y	Y	Y
Y	Y	Y	Y
Y	Y	Y	Y
Y	Y	Y	Y

### Letters and Sounds

Recognizes sounds of letters taught.  
Knows names of letters taught.  
Can blend sounds into words.

Y	Y	Y	Y
Y	Y	Y	Y
Y	Y	Y	Y
Y	Y	Y	Y
Y	Y	Y	Y
Y	Y	Y	Y

### THINKING SKILLS

Expresses his own ideas before group.  
Uses thought to give sensible answers.

S	S	S	S
Y	Y	Y	Y

### COUNTING AND MEASURING

Recognizes numerals.  
Understands counting order.  
Understands quantity of numerals.  
Estimates with reasonable accuracy.  
Understands number facts and skills taught.

Y	Y	Y	Y
Y	Y	Y	Y
Y	Y	Y	Y
Y	Y	Y	Y
Y	Y	Y	Y
Y	Y	Y	Y

### ART

Demonstrates ability to work with a variety of art media.

Y	Y	Y	Y
---	---	---	---

### MUSIC

Takes part in rhythmic activities.  
Participates in singing.

Y	Y	Y	Y
Y	Y	Y	Y

### BIBLE WORK

Listens and discusses.  
Fulfills memory work.

N	S	S	S
Y	M	Y	Y

70

70

Teacher: Mr. [illegible]Student: Monica, L... Year: 2003

Subjects	FIRST	SECOND	THIRD	FOURTH	FINAL
Bible	D+	B	B	A	B-
Health	C+	B-	A-	B	B
Language Arts			C+	C-	C
Mathematics	A	C	A-	B	88.75 B
Reading	B	A	B	B	91 B
Science	B	A-	C+	C-	B-
Social Studies	C+	B	B	B-	B-
Spelling					
MUSIC	B	B	B	B	B
Art	B	C	B	C+	B-
Physical Ed.	B	B	A	A	B+
Conduct	C	C-	C-	C+	C
Relationship	D+	C-	D+	D	D+

NO. DAYS ABSENT

NO. DAYS PRESENT

NO. TARDIES

0	0	0	0	0
43	42	48	47	180
1	0	3	0	4

FIRST SECOND THIRD FOURTH FINAL

009104

Teacher Singleton  
Grade 2

Student Moore, Lee

Year 1981-82

Subjects	First	Second	Third	Fourth	Final
Art	B	C	B	C	C
Bible	90 B	85 B	81 C	C	C
Conduct	C	C	C	C	C
Health	_____	_____	75 C	79 C	C
Language	90 B	88 B	85 B	C	B
Mathematics	83 C	70 D	74 D	79 C	C
Music	B	C	C	C	C
Penmanship	A	B	C	C	B
Physical Ed	C	C	C	B	C
Reading	C	C	B	C	C
Science	B	C	B	C	C
Social St	B	C	C	C	C
Spelling	B	B	B	C	B
No. Days Present	43	44	46	46	179
No. Days Absent	0	0	1	0	1
No. Turn-ins	0	0	0	0	0
	First	Second	Third	Fourth	Final

Student Moore, Lee Year 1982 - 1983

Subjects	FIRST	SECOND	THIRD	FOURTH	FINAL
Art	B	B	C	B	B
Bible	94-A	96-A	87-B	97-A	94-A
Conduct	C	C	C	C	C
Health	91-B	81-C	83-C	89-B	86-B
Language	86-B	92-B	84-C	90-B	88-B
Mathematics	79-C	83-C	80-C	84-C	82-C
Music	A	90-B	C	B	B
Penmanship	84-C	84-C	85-B	84-C	84-C
Physical Ed	C	C	C	C	C
Reading	85-B	83-C	83-C	80-C	83-C
Science	83-C	95-A	89-B	89-B	89-B
Social St	79-C	89-B	92-B	83-C	86-B
Spelling	91-B	92-B	85-B	80-C	87-B
No. Days Present	46	44	44	42	176
No. Days Absent	1	0	2	0	4
No. Tardies	1	0	0	0	0

Comments.

☒ Passed

Lee is in the speech program.

☐ Probation

His grades do not reflect his potential.

☐ Conditional

☐ Retained



Teacher Mrs. Byrd

Grade 4

Student Lee Moore

Year 1983 - 1984

Subjects	First	Second	Third	Fourth	Final
Art	P	P	P	P	P
Bible	91 B	74 D	69 F	48 F	70 D
Conduct	D	C	C	C	C
Health/Science	88 B	75 C	75 C	68 F	76 C
Language	82 C	71 D	61 F	62 F	69 F
Mathematics	77 C	74 D	72 D	50 F	68 F
Music	P	P	P	P	P
Penmanship	91 B	73 D	72 D	70 D	76 C
Physical Ed.	P	P	P	P	P
Reading	85 B	80 C	72 D	70 D	76 C
Social St.	85 B	83 C	78 C	50 F	74 D
Spelling	90 B	74 D	76 C	71 D	78 C
No. Days Present	41½	41	44	42	168½
No. Days Absent	½	5	2	4	11½
No. Tardies	1	0	0	0	0

### Comments

Lee needs help with basic math facts. He has difficulty in finishing a task. He has poor concentration. Very immature. Has trouble relating to others, never thinks he is wrong.

- ☐ Passed  
☐ Probation  
☐ Condition  
☒ Retained

009107

# IMPORTANT HABITS AND ATTITUDES

Listed below are some of the habits and attitudes considered important in Christian schools.

Student *Lee*

<i>CHRISTIAN CONDUCT</i>	1	2	3	4	5	
Manifests a responsive attitude toward spiritual matters, such as the Word of God, devotions, etc.						
Is humble and shows Christian love and forbearance toward others during work and play.						
Is respectful, giving prompt and cheerful obedience.						
Is courteous, helpful, and cooperative toward others.	<i>0</i>					
Respects rights and property of others.	<i>0</i>					
Works independently without disturbing others.						
Uses time to good advantage.	<i>0</i>					
Perseveres in face of difficulty.						
Listens attentively, showing interest in work at hand.						
Is conscientious and prompt in completing assignments.						
<i>Conduct</i>	<i>0</i>	<i>C</i>	<i>C</i>	<i>C</i>	<i>C</i>	
TEACHER'S EVALUATION OF STUDENT'S PASSING STATUS						

*year 1983-1984*



Office of the Ohio Public Defender

8 East Long Street

Columbus, Ohio 43215-2998

(614) 466-5394

FAX NUMBER: (614) 644-9972

DAVID H. BODIKER

State Public Defender

Date Rec'd \_\_\_\_\_

1st Follow-up \_\_\_\_\_

2nd Follow-up \_\_\_\_\_

October 13, 1999

University Hospital  
234 Goodman  
Cincinnati, Ohio

Attention: Medical RecordsRe: State of Ohio v. Lee E. Moore

Dear Sir/Madam:

Please be advised that the Ohio Public Defender is representing **Lee E. Moore** in the above referenced matter. The information requested herein is necessary for a detailed social history to be completed on his behalf.

In our efforts to properly represent **Mr. Moore** we are requesting that you provide us with any and all medical records regarding Mr. Moore. These records should include, but are not limited to:

MEDICAL

- admission and release dates;
- presenting problems, diagnoses, treatment plans
- and attending physicians' names'
- referrals, if applicable;
- prescriptions;
- testing and test outcomes including: X-rays.
- psychological evaluations, urine
- tests, blood tests, CAT scans, etc.

009109

University Hospital  
October 13, 1999  
Page Two

To assist you in locating these records, Mr. Moore's birthdate is 10/19/74 and his social security number is [REDACTED]. His parents are Lee & Georgia Moore.

In addition to our records request stated above please indicate the name of your agency's custodian of records, as it may be necessary to have the authenticity of the documents verified. Please forward this information to Ohio Public Defender, Attn: Jessica H. Love on or before October 27, 1999.

An authorization for release of all such records is enclosed for your files.

Sincerely,

Jessica H. Love  
Mitigation Specialist

JL/cw

Enclosure

#99388v1

009110



Office of the Ohio Public Defender  
8 East Long Street  
Columbus, Ohio 43215-2998  
(614) 466-5394  
FAX NUMBER: (614) 723-3670

## AUTHORIZATION TO RELEASE INFORMATION

TO: University Hospital RE: State of Ohio v. Lee E. Moore  
234 Goodman  
Cincinnati, OH  
DATE: 10/13/99

You are hereby authorized to release to the Office of the Ohio Public Defender all records or other documents currently in your possession. Their representative may examine and make copies of all of my medical, psychological, hospital, police, and employment records, or any other records he/she may deem necessary in his/her work on my behalf. You are authorized to discuss these records and any other matters concerning me with said representative and are asked to assist him/her on the current investigation.

This authorization includes release of information concerning background, testing, and treatment of drug and alcohol abuse, drug-related conditions, alcoholism, psychiatric/psychological conditions, Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC), and/or tests for antibodies to the AIDS virus (HM).

Lee E. Moore  
Client's Signature

WITNESS:

009111

10/26/99

PUBLIC DEFENDERS OFFICE  
8 EAST LONG STREET

COLUMBUS, OH 43215

LEE MOORE  
24174

DEAR REQUESTOR:

We are returning your request for medical information on the above named patient. We cannot honor this request for the following reasons:

\*\*CHART UNAVAILABLE\*\*  
\*\*\*CHART UNAVAILABLE\*\*\*

If you still need the information, please re-request it within 30 days. Be sure to include your original letter.

If you have any questions, please contact us and we will be happy to further assist you.

Please refer to transaction number 24174 in all future correspondence regarding this request.

Thank you  
MEDICAL RECORDS  
(513) 584-6188

The University Hospital  
234 Goodman Street  
Cincinnati, Ohio 45219

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